



City of Las Vegas

1700 N. Grand Ave., Las Vegas, New Mexico 87701
(505)454.1401 · fax (505) 425.7335
www.ci.las-vegas.nm.us

APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, ancestry, age, sexual orientation, gender identity, marital or veteran status, or the presence of a medical condition or disability (unless a bona fide occupational qualification for position).

Position Applied

Are you available to work (check all that apply)

☐ Full-Time ☐ Part-Time ☐ Temporary/Seasonal

PERSONAL INFORMATION

Name _____
(Last) (First) (Middle)

Mailing Address _____
Number Street City, State, Zip

Physical Address _____
Number Street City, State, Zip

Telephone (Home) () _____ (Cell) () _____

Have you ever used a different name for school or employment? Yes ☐ No ☐

If so, what name(s): _____

Have you ever been employed by the City of Las Vegas? Yes ☐ No ☐

If yes, give date(s) and reason for leaving: _____

Does the City of Las Vegas employ any relatives of yours? Yes ☐ No ☐

Name _____

Relationship _____

Are you eligible to work in the United States? Yes ☐ No ☐

(If selected, proof of eligibility will be required)

Do you possess a valid Driver's License Yes ☐ No ☐

State _____ Class _____ License # _____

For Human Resource Use Only

Record of Receipt

Date: _____ Time: _____

Received by: _____

INSTRUCTIONS PLEASE READ FIRST

- Complete this application in ink.
- You must specify the position you are applying for.
- Resumes are not accepted in lieu of applications.
- Each position you apply for requires a separate application. Copies of your application are acceptable. Each must be clear, have an original signature and correct job title and required attachments.
- Applications and attachments become official property of the City of Las Vegas and cannot be returned after being submitted.
- Read the job posting to assure you meet all of the minimum qualifications set forth for the available position.
- If high school/GED, college education, or certification is required, either attached a copy of your diploma, degree, transcripts or required certifications to application.
- If additional space is needed for completion of answers you may attach a separate sheet of paper.
- Your completed application is the primary source of information used in making selection decisions. Carefully complete each experience block describing your work or volunteer experience. Your qualifications for a position will depend on your description of previous experience and its relevance to the position you are seeking.
- Applications must be submitted to the Human Resource Department by deadline posted to be considered for the vacant position.
- Applications will be reviewed and forwarded to the Department Director.
- All applications will be kept on file for six (6) months after it is received.

EDUCATION

Yes High School Graduate / GED Certification? No If no, indicate grade completed ____	
Vocational / Technical: School-Major Field:	Hours Completed: ____
Business College: Major Field:	Hours Completed: ____
College or University - Name:	
UNDERGRADUATE	GRADUATE
School(s)	School(s)
Major Field(s)	Major Field(s)
Hours Completed:	Hours Completed:
Degree(s) Received: (Copies of diploma and/or transcripts may be requested upon offer of employment)	
1. License/Certificate Issued by:	
Field / Trade / Specialization:	Lic. / Cert. Number: Issue Date: Exp. Date:
2. License/Certificate Issued by:	
Field / Trade / Specialization:	Lic. / Cert. Number: Issue Date: Exp. Date:

APPLICANT DATA RECORD

In order to help us comply with Equal Employment Opportunity record keeping, reporting and other legal requirements, we ask that you please fill out the information requested below. This is not required, the information will not be used in the employment process, but we would appreciate your cooperation. If you choose not to provide the information you will still be considered for the position you applied for.

Sex: ☐ Male ☐ Female Veteran of Vietnam-era: ☐ Yes ☐ No

Veteran of the Vietnam-era means a veteran, any part of whose active military, naval, or air service, was during the period of August 5, 1964 through May 7, 1975 who (i) served on active duty for a period of more than 180 days and was discharged or released there from with other than a dishonorable discharge, or (ii) was discharged or released from active duty because of a service-connected disability.

Race/Ethnic Group

(Choose the ethnic group with which you most closely identify and mark the box provided.)

☐ White
 ☐ Black
 ☐ Hispanic
 ☐ American Indian or Alaskan Native
 ☐ Asian or Pacific Islander

WORK EXPERIENCE

List your last four (4) employers, assignments or volunteer activities that would be relevant to this position; starting with the most recent, including military experience. Explain any gaps in employment in the **COMMENTS section**. You may submit a resume, but a resume is not a substitute for this application.

Employer:	Telephone:	Dates Employed:
Address:		From:
Job Title:		To:
Immediate Supervisor and Title:		Hourly Rate / Salary:
Reason for Leaving:		Start:
Summarize work performed/job responsibilities:		Final:
		May we contact for reference?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	Telephone:	Dates Employed:
Address:		From:
Job Title:		To:
Immediate Supervisor and Title:		Hourly Rate / Salary:
Reason for Leaving:		Start:
Summarize work performed/job responsibilities:		Final:
		May we contact for reference?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	Telephone:	Dates Employed:
Address:		From:
Job Title:		To:
Immediate Supervisor and Title:		Hourly Rate / Salary:
Reason for Leaving:		Start:
Summarize work performed/job responsibilities:		Final:
		May we contact for reference?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	Telephone:	Dates Employed:
Address:		From:
Job Title:		To:
Immediate Supervisor and Title:		Hourly Rate / Salary:
Reason for Leaving:		Start:
Summarize work performed/job responsibilities:		Final:
		May we contact for reference?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	Telephone:	Dates Employed:
Address:		From:
Job Title:		To:
Immediate Supervisor and Title:		Hourly Rate / Salary:
Reason for Leaving:		Start:
Summarize work performed/job responsibilities:		Final:
		May we contact for reference?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

ACKNOWLEDGEMENT

PLEASE READ AND SIGN THE STATEMENTS BELOW

(Unsigned applications will be rejected and not be considered):

The facts set forth in my application for employment are true and complete, to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. I authorize any of my previous employers, schools, or persons named as references to give any information regarding employment or educational record. I agree that the City of Las Vegas and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statements, omissions or answers made by me on this application.

Applicant Signature: _____

Date: ____/____/____

Social Security Number: _____

DOB: ____/____/____

PRE-EMPLOYMENT SCREENING ACKNOWLEDGMENT AND AGREEMENT

By my signature below, I _____, realize and understand that if considered for employment with the City of Las Vegas, I will be required to submit to pre-employment screenings as a condition of hire. The City of Las Vegas will pay for this drug screening.

My signature below also serves to acknowledge and agree to the fact that if I receive a preliminary offer of employment with the City of Las Vegas, and accept it, one factor that must be met PRIOR to a final offer of employment being made is the successful completion of all pre-employment screenings. If successful completion of a pre-employment screenings is not obtained, I understand I will not be eligible for hire with the City of Las Vegas.

Applicant Signature: _____

Date: ____/____/____

Social Security Number: _____

DOB: ____/____/____

AUTHORIZATION FOR RELEASE OF CRIMINAL ARRESTS AND DRIVING RECORD

I authorize the City of Las Vegas to obtain criminal arrests and driving record information about me from law enforcement agencies, courts of law, and motor vehicle departments, of any state in which I reside (or have resided).

Applicant Signature: _____

Date: ____/____/____

Social Security Number: _____

DOB: ____/____/____